

Nutritional Alaskan Foods for Schools Request for Reimbursement Form Instructions

Grantee: Name of School District requesting reimbursement.

Grant Agreement Number: This is the Grant Number found on the first page of the Nutritional Alaskan Foods for Schools Grant Agreement.

Report Period: This lists the dates covered by the reimbursement request. The first reimbursement request will have July 1, 2012 as the 'from' date. The 'to' date will be the last day of the month(s) you are requesting reimbursement for. Any subsequent requests will have the 'from' date be the day following the last 'to' date.

Report Number: This lists which report is being submitted.

Authorized Budget: This is the total grant amount awarded to the School District by the State to use toward purchase of Alaskan foods. This is the same amount this is specified in the Nutritional Alaskan Foods for Schools Grant Agreement.

Grant Expenditures This Period: This is the amount of expenditures being requested for reimbursement. This amount should be the same as what is entered in the **Net Reimbursement to Grantee** and **Total Spent** boxes.

Total Expenditures to Date: On Report #1 (which may be the only report submitted), this amount will be the same as the **Expenditures This Period** column. On subsequent reports, this amount is the total of **Grant Expenditures This Period** plus the column **Total Expenditures to Date** from the previous report.

Balance of Grant Funds: This amount is the **Authorized Budget** minus the **Total Expenditures to Date**.

Net Reimbursement to Grantee: This amount reflects the **Total Grant Expenditures This Period** and should be the same amount as listed in the **Total Spent** Box. This will be the amount the Grantee will be reimbursed for qualified purchases.

Food items purchased:

Date: List the date of each applicable food purchase.

Purchased From: At a minimum, list the vendors from which you purchased the food- **ideally you will list the actual producers** the food was purchased from. Copies of receipts are required for reimbursement. Please submit invoices/documentation of producers AND submit proof of payment of items.

Quantity: List the amount/quantity of each item purchased.

Item Description: List the items you purchased. If multiple types of foods were purchased from the same vendor, please list them on separate lines. (See Category, listed below)

Category: Please list the correct category code for the food items purchased.

- SF: Seafood, including fish and other aquatic protein
- LS: Livestock, including meat, poultry and eggs
- MK: Milk and milk products (cheese, yogurt)
- FV: Fruits and vegetables grown in Alaska
- NB: Native produce and berries commercially harvested in Alaska
- TR: Transportation costs to get the food to the school district

Grantee Certification: The report must be certified by an Authorized Signer listed on the current Signatory Authority Form on file with the Department. Mail the original signed report, with copies of all receipts to:

Debi Kruse, Grants Administrator III
Division of Community and Regional Affairs
550 W. 7th Avenue, Suite 1640
Anchorage, AK 99501

If you have questions, please contact Debi at 907 269-8131 or debi.kruse@alaska.gov

All food must be purchased prior to June 30, 2013 to be eligible for reimbursement.